

**LEGALLY UNREGISTERED PROVIDER AND/OR  
IN-HOME CARE APPLICATION FOR STATE PAYMENT ONLY**

The provider must apply to the local Child Care Resource and Referral (CCR&R) agency. The provider, and all household members age 18 and over, must pass both criminal and child & adult protective services background checks. If the application is approved, the payment period will begin on the date that both completed applications (provider and parent) are RECEIVED at the CCR&R. State payment is dependent upon the parent's eligibility for child care assistance and the success of the LUP application.

Name of Provider: \_\_\_\_\_  
Last First MI Maiden Social Security Number Date of BirthAddress: \_\_\_\_\_  
Mailing Address (PO Box) Street Address (Physical) City Zip Phone Number MessageName of Parent: \_\_\_\_\_  
Last First MI Social Security NumberAddress: \_\_\_\_\_  
Mailing Address (PO Box) Street Address (Physical) City Zip Phone Number Message

Names of Children in Care	Date of Birth	Adults in Provider's Home (LUP)	Date of Birth	Social Security Number

Tribal Affiliation: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Ethnic Affinity: Hispanic or Latino \_\_\_\_ Yes \_\_\_\_ No

Legally unregistered providers may care for the children of one family or, if the children are from separate families, must limit care to two children.

**TRUE FALSE**

- |       |       |     |   |
|-------|-------|-----|---|
| _____ | _____ | 1.  | I am 18 years of age or older.  |
| _____ | _____ | 2.  | I am related to the child(ren) in care.   |
| _____ | _____ | 3.  | I reside in the same home as the eligible parent and the child.   |
| _____ | _____ | 4.  | I reside and will be providing care in my home.   |
| _____ | _____ | 5.  | I reside in my own home but will be providing care in the parent's home.  |
| _____ | _____ | a.  | If true, I agree that the parent is my employer and is responsible for payment or I am an independent contractor.   |
| _____ | _____ | 6.  | I am NOT providing care in the parent's home and I agree that I am an independent contractor.   |
| _____ | _____ | 7.  | I will be providing care to the children of one family.   |
| _____ | _____ | 8.  | I will be providing care to two children from separate families.  |
| _____ | _____ | 9.  | I am included in the parent's TANF financial grant.   |
| _____ | _____ | 10. | I will be providing care less than 24 hours within the day.   |
| _____ | _____ | 11. | I agree to:   |
| _____ | _____ | a.  | review and discuss with the parents the immunization record of the children in my care;   |
| _____ | _____ | b.  | examine the home for fire and safety conditions, for the presence of working smoke detector, for placement of a family fire escape plan and discuss the conditions with the parents;  |
| _____ | _____ | c.  | inform parent(s) that state will <b>NOT</b> make payments until this provider application is approved.  |
| _____ | _____ | 12. | I will review the health and safety checklist on the back of this application with the parent.  |
| _____ | _____ | 13. | I will review the immunization records for the children or, review the waiver indicating parental choice not to immunize.   |
| _____ | _____ | 14. | I confirm that neither I nor anyone present in the home have been investigated for any alleged harm, or physical or sexual abuse to children or adults. If this statement is false, I am providing the information required below about where the investigation occurred. |
- \_\_\_\_\_  
City County State Date

I attest and affirm that the above statements are true and correct to the best of my knowledge and belief. I authorize a child and adult protective services background check and a criminal records background check. I also agree to attend mandatory orientation training within 60 days of the date of this application.

\_\_\_\_\_  
Provider Signature Date

DPHHS approval allows a 'legally unregistered payment number' to be issued to the applicant. If the applicant meets the orientation requirement stated above, payment numbers may be issued for up to one (1) year, and payment numbers must be applied for annually.

Approved: [ ] Yes - [ ] No Payment # \_\_\_\_\_ Effective Date: \_\_\_\_\_ End Date: \_\_\_\_\_

# HEALTH AND SAFETY CHECKLIST

Health and Safety issues should be considered when arranging for child care. Here are some topics a parent and child care provider may want to discuss. For more information regarding quality child care, contact your local Child Care Resource and Referral agency.

## PLEASE ANSWER ALL QUESTIONS WITH A YES OR NO

***No corporal punishment may be inflicted.***

- \_\_\_\_\_ Do parents have access to their children at all times?
- \_\_\_\_\_ Is the provider in good health?
- \_\_\_\_\_ Is the provider trained about basic health, safety issues?
- \_\_\_\_\_ Is the provider trained about child development issues?
- \_\_\_\_\_ Does the provider wash hands thoroughly, before and after diapering?
- \_\_\_\_\_ Does the provider wash hands thoroughly, before preparing food?
- \_\_\_\_\_ Has the provider received guidelines on how to "child-proof" the home?
- \_\_\_\_\_ Does the provider talk easily with the children and respond to their needs?
- \_\_\_\_\_ Does the emotional climate foster happiness and trust?
- \_\_\_\_\_ Does the provider offer learning opportunities to the children?
- \_\_\_\_\_ Are children's immunizations current?
- \_\_\_\_\_ Are emergency telephone numbers and parent telephone numbers posted?
- \_\_\_\_\_ Is the provider trained in First Aid and CPR?
- \_\_\_\_\_ Does the provider have an emergency medical authorization form signed by the parent?
- \_\_\_\_\_ Is a first aid kit available?
- \_\_\_\_\_ Are meals and snacks nutritious?
- \_\_\_\_\_ Is there a quiet comfortable place for naps?
- \_\_\_\_\_ Is the play equipment safe?
- \_\_\_\_\_ Is the home clean?
- \_\_\_\_\_ Are the children exposed to smoking?
- \_\_\_\_\_ Are hazards inaccessible to children, inside and out?
- \_\_\_\_\_ Are electrical outlets covered?
- \_\_\_\_\_ Are heaters ventilated and screened?
- \_\_\_\_\_ Are poisonous substances out of reach of children?
- \_\_\_\_\_ Are smoke detectors in place and operational?
- \_\_\_\_\_ Is a fire extinguisher available?
- \_\_\_\_\_ Are firearms locked and inaccessible?
- \_\_\_\_\_ Are appropriate automobile restraints, such as car seats, used?

**By signing below, I state that I have read, discussed and understand the above information.**

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Date